

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014478

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 55

Primary Registration District No. 301

Registrar's No. 46

FILED APR 17 1962

1. PLACE OF DEATH

a. COUNTY **Carroll**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.** b. COUNTY **Carroll**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Carrollton**Length of stay in lb
6 wks.c. CITY
OR TOWN **Carrollton Twp.**Inside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Carroll Memorial Hosp.**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
R.F.D.#4Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)**HERMAN** ^{First} **HENRY** ^{Middle} **KINDER** ^{Last}4. DATE
OF DEATHMonth Day Year
Apr. 12 19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
2/5/18909. AGE (last birthday)
72IF UNDER 1 YEAR IF UNDER 24 HR.
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Farmer10b. KIND OF BUSINESS OR INDUSTRY
Farm11. BIRTHPLACE (City and state or country)
Brussels, Ill.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Fred Kinder

13b. MOTHER'S MAIDEN NAME

Anna E. Meseke

14. NAME OF HUSBAND OR WIFE

Louise K. Kinder15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address
4. Mrs. Herman Kinder, Carrollton, Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

cardiac arrestINTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

generalized arteriosclerosis

DUE TO (c)

ascending clot in aortaPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)**cerebral vascular accident**PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m. p.m.

Month, Day, Year

120d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Feb 1962** to **12 April 62** and last saw her alive on **12 April 62 1pm**
Death occurred at **3:45 P.** m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

E. Walker M.D. (Degree or title)

22b. ADDRESS

7. Jefferson Carrollton Mo

22c. DATE SIGNED

13 April 6223a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

4/15/1962

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

23d. LOCATION (City, town, or county)

Carrollton Mo.

24. FUNERAL DIRECTOR

ADDRESS

Gibson Funeral Home, Carrollton, Mo.

25. DATE RECD. BY LOCAL REG.

4/15/62

26. REGISTRAR'S SIGNATURE

Mr. Herbert Carter

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/591 **0171**
2 **0170**
3 **1**
4 **0**
5 **1**
6
7 **1**
8 **2**
9 **433.0**
10
11
12 **5-0**
13 **1-0**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 2961

P. O. Address Carrollton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.